

ATTACHMENT 5
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
- B. All required attachments are included with this certification sheet.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name <u>Global Power Group, Inc.</u>		2. Telephone Number <u>(619) 579-1221</u>	2a. Fax Number <u>(619) 579-1166</u>
2b. Email Address <u>JCElindro@GPGpower.com</u>			
3. Address <u>12060 woodside AVE, Lakeside CA 92040</u>			
Indicate your organization type:			
4. <input type="checkbox"/> Sole Proprietorship		5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:			
7. Federal Employee ID No. (FEIN) [REDACTED]		8. California Corporation No. <u>C2805402</u>	
Indicate the Department of Industrial Relations information:			
9. Contractor Registration Number <u>1000003838</u>			
Indicate applicable license and/or certification information:			
10. Contractor's State Licensing Board Number <u>870741</u>		11. PUC License Number CAL-T-	
12. Bidder's Name (Print) <u>Juan Celindro Jr</u>		13. Title <u>Sales Manager</u>	
14. Signature <u>[Signature]</u>		15. Date <u>4-2-19</u>	
16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:			
a. Small Business Enterprise Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, enter certification number: <u>41630</u>		If yes, enter your service code below:	

NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".

Date application was submitted to OSDS, if an application is pending: _____

17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation?
Yes ☐ No ☒

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION
BID PROPOSAL
ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):			CONTRACT NO.		
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	12	Quarterly	Service Type II Quarterly Visual & Operational Inspection (Includes Type I Monthly) for nine (9) Generators as described in Exhibit A, Scope of Work (SOW)	\$ 1375-	\$ 16,500-
2	3	Yearly	Service Type III Annual Lubrication & Maintenance Service (Includes type I Monthly & Type II Quarterly) for nine (9) Generators as described in Exhibit A, SOW	\$ 5,400-	\$ 16,200-
3	36	Monthly	Service Type I Monthly Standby Electric Set Reliability Test for nine (9) Generators as described in Exhibit A, SOW	\$ 1080-	\$ 38,880-
4	3	Annual	Annual Fuel Treatment Maintenance (Includes Type II Quarterly and Type I monthly) for nine (9) Generators as described in Exhibit A, SOW	\$ 933-	\$ 2,799-
5	100	Hour	Additional work to be performed per the Deficiency Reports as described in Exhibit A, Items C,1-7, pages 3-8	\$ 120-	\$ 12,000-

6	24	Hour	Emergency Services and/or Repair as described in Exhibit A, SOW, section 7A, page 2 of 11	\$ 240 ⁻	\$ 5,760 ⁻
7	60	Hour	One (1) Standby 150 KW 480-volt Emergency Standby Generator Rentals as described in Exhibit A, SOW, section 2, page 1 of 11	\$ 38. ⁰⁰	\$ 2,280 ⁻
8	Materials, Parts, and Supplies: Contractor shall be reimbursed for the actual cost without additional allowance for mark-up. Costs for materials/parts/supplies must be substantiated by a copy of the receipt and evidence of payment and shall not exceed 10% of the total Agreement.			Calculate 10% of Item Number 1 thru 7. (Enter amount in next cell)	\$ 9,441.90

- (1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.
- (2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.
- (3) PLEASE DO NOT ALTER, MODIFY OR CHANGE PRICE QUOTE PROPOSAL SHEET. ANY ALTERATIONS, MODIFICATIONS, OR CHANGES TO THIS BID PROPOSAL SHEET WILL BE GROUNDS TO REJECT THE QUOTE.
- (4) EACH ITEM MUST BE BID. PLEASE DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS PRICE QUOTE PROPOSAL SHEET WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

TOTAL THIS PROPOSAL

\$ 103,860.90

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):

a. Identify current California certification(s) (MB, SB, SB/NVSA, DVBE): SB or None ____ (If "None," go to Item #2)

b. Will subcontractors be used for this contract? Yes ____ No X (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm (including the supplying of services and goods) pursuant to Title 2 CCR §1896.71 (b), state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

c. If you are a California certified DVBE:

(1) Are you a broker or agent? Yes ____ No X

(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes X No ____ N/A ____

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
<u>N/A</u>						

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.